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FACSIMILE TRANSMISSION

TO:

Commissioner for Patents

ATTENTION:

Examiner: Allan R. Kuhns, Group Art Unit: 1732

FAX-NO.:

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FROM:

Henry M. Feiereisen

APPL, NO.

09/486,021

FILED:

May 19, 2000

DOCKET NO:

BECKER-5

TYPE OF PAPER: Copy of Response to Office Action of April 4, 2003

Filed August 26, 2003

DATE:

October 29, 2003

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FACSIMILE TRANSMISSION

TO:

Commissioner for Patents

ATTENTION:

Examiner: Kuhns Allan R., Group Art Unit: 1732

FAX-NO.:

(703)305-7718

FROM:

Henry M. Feiereisen

APPL, NO.

09/486,021

FILED:

May 19, 2000

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#16/2000 1.LH 1029-03

Docket No.: BECKER-5

Examiner: Kuhns, Allan R.

Group Art Unit: 1732

In re PATENT Application of:

HEINER BECKER

Appl. No: 09/486,021

Filed: May 19, 2000

For: PROCESS FOR INJECTION MOLDING, INJECTION MOLD AND INJECTION

MOLDING DEVICE, AS WELL AS PROCESS) FOR FILLING A MAIN EXTRUDER FROM A

SECONDARY EXTRUDER

RESPONSE TO OFFICIAL ACTION dated April 4, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 S I R:

This communication is in response to the Official Action of April 4, 2003, having a shortened period for response terminating July 7, 2003.

The Commissioner is hereby petitioned to extend the period for response to above-referenced Official Action by TWO months until September 4, 2003.

[] Accompanying this amendment is the appropriate fee of \$ pursuant 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).

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10/29/2003 NHENSLEY 00000001360502

Docket No.: BECKER-5 Appl, No.: 09/486,021

- [X] The Commissioner is hereby authorized to charge the appropriate fee of \$205.00 pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a) and any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-0502.
- [X] The Commissioner is hereby also authorized to charge any fees which may be required during the pendency of this application, including any patent application processing fees under 37 C.F.R. 1.17, and any filing fees under 37 C.F.R. 1.16, including presentation of extra claims, or credit any overpayment to Deposit Account No: 06-0502.

Please amend the above-entitled application as follows: